



### Temporary Address Change Form

This change is only applicable to the individual named below.

SOCIAL SECURITY NUMBER	
INDIVIDUAL'S NAME (FIRST, MIDDLE OR INITIAL, LAST)	PRIMARY PHONE NUMBER
TEMPORARY ADDRESS (STREET, CITY, STATE, ZIP)	
TEMPORARY MAILING ADDRESS IF DIFFERENT (STREET OR PO BOX, CITY, STATE, ZIP)	
PERMANENT ADDRESS (STREET, CITY, STATE, ZIP)	
PERMANENT MAILING ADDRESS IF DIFFERENT (STREET OR PO BOX, CITY, STATE, ZIP)	
DATES TEMPORARY ADDRESS IS EFFECTIVE FOR	
FROM:	TO:

If your return date changes, please remember to contact the Credit Union.

\* **Required:** Check the box below and provide your signature to acknowledge that you have read and agree to the following statement.

\* **I authorize all Credit Union accounts in my name as primary member to be updated unless as noted below in the exceptions box. I understand that this request only applies to my accounts as primary member, and does not update any other joint owners, co-borrowers, beneficiaries, etc.**

EXCEPTIONS
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* SIGNATURE	DATE
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CREDIT UNION USE ONLY

Date Docs Mailed _____	Photo ID _____
Date System Changed _____	Verified Signature _____
Teller Initials _____	Mastercard _____